

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27781

State File No.

BIRTH NO. 49802 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 935

1. PLACE OF DEATH
a. COUNTY BUCHANAN
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH, MO.
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) JOSEPH'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Buchanan.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph - 01170
d. STREET ADDRESS (If rural, give location) 2562 Geneva Field Road

3. NAME OF DECEASED (First) Stuart (Middle) Joseph (Last) Gilpin
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 53

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) New-Born 8. DATE OF BIRTH Aug 28 - 1953 9. AGE (In years last birthday) 0 10. MONTH 01 11. HOURS 0 12. MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) St Joseph, Mo. 12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Joseph Gilpin 13b. MOTHER'S MAIDEN NAME Jacqueline Swafford 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, state war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Joseph G. Gilpin ADDRESS 2502 Geneva Field Rd. City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity
ANTECEDENT CAUSES atelectasis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 7625

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-28-53 to 8-29-53, that I last saw the deceased alive on Aug 29, 1953, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE A. S. Petersen MD (Degree or title) 23b. ADDRESS St Joseph, Mo 23c. DATE SIGNED 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-31-53 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 24d. LOCATION (City, town, or county) (State) St Joseph, Mo.

DATE REC'D BY LOCAL REG. Aug 31, 1953 REGISTRAR'S SIGNATURE Kather M. Allison 485 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Sidenfaden ADDRESS 1802 Union St. St Joseph, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Gyle

Licensed Embalmer No. 3308

P. O. Address. St. Joseph, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.